

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

2813

318

1005

Registrar's No. \_\_\_\_\_

769

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>Illinois</u> b. COUNTY <u>Jersey</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>7 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jerseyville</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>802 N. Carpenter</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>ROBERT</u>		<u>PATTON</u>		<u>MINDRUP</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>8-31-39</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>11</u>		11. IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Robert S. Mindrup</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kersley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D. Salantai</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Teratoma, 3<sup>rd</sup> ventricle Brain</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>Oct 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Teratoma - 3<sup>rd</sup> ventricle Brain</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>( )</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-23-51</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>223X</u>			
22. I hereby certify that I attended the deceased from <u>1-16-</u> <u>1951</u> , to <u>1-23-</u> <u>1951</u> , that I last saw the deceased alive on <u>1-23-</u> <u>1951</u> , and that death occurred at <u>7:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Salantai MD</u>		(Degree or title)		23b. ADDRESS <u>500 S. Kingshighway</u>		23c. DATE SIGNED <u>1/23/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Jerseyville, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Kauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No. ....

Signed [Signature]

Signed.....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.